



# PROVIDER BULLETIN



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Network Providers

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### **CHANGES TO PROCEDURE CODES – EFFECTIVE JANUARY 1, 2013**

Major changes to mental health-related Current Procedural Terminology (CPT) procedure codes will go into effect on January 1, 2013. The Los Angeles County Department of Mental Health (LACDMH) requires its Network Providers to utilize CPT procedure codes to identify and bill for a variety of specialty mental health services provided to clients. In some instances, the changes will simply be reflected in the assignment of a new procedure code to a given service. In other instances, LACDMH will implement new procedure codes that identify, with greater specificity, services that were previously identified by a single procedure code. These changes will be incorporated within the Integrated System (IS) and will be effective for all claims with a service date of January 1, 2013 or later.

#### **Overview**

New CPT procedure codes will be assigned for services such as Assessment (90801) and Psychotherapy (90804, 90805, 90806...). The implementation of “Psychotherapy in Crisis” will be assigned with (90839). Individual Medication Service (90862) will be inactivated and replaced by (99201). There will also be an additional code (96118) for psychological testing. Please refer to the Attachment 1 for a summary of code changes/additions and the updated “A Guide to Procedure Codes for Claiming Specialty Mental Health Services” for a complete list and description of available procedure codes:

[http://file.lacounty.gov/dmh/cms1\\_159845.pdf](http://file.lacounty.gov/dmh/cms1_159845.pdf).

#### **Important Dates**

<b>Date</b>	<b>Description</b>
<b>January 1, 2013</b>	<ul style="list-style-type: none"><li>• Network Providers must begin to use the new procedure codes for dates of service January 1, 2013 and after</li><li>• Claims submitted with inactive procedure codes risk rejection by Medicare and Private Insurance</li></ul>
<b>July 1, 2013</b>	<ul style="list-style-type: none"><li>• Claims with inactive procedure codes will not be accepted by the Integrated System (IS)</li><li>• Full implementation for LACDMH</li></ul>

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The Medication Note forms used by psychiatrists will be updated and placed online to reflect the procedure code changes. It is anticipated that they will be available for use by January 1, 2013. The NCR Medication Notes will be submitted for printing as soon as possible. A Clinical Records Bulletin will be issued with more information regarding these forms.

If you have any questions regarding the Bulletin, please contact the Provider Relations Unit at (213) 738-3311 or [FFS2@dmh.lacounty.gov](mailto:FFS2@dmh.lacounty.gov).

### **INPATIENT PROFESSIONAL SERVICES AND THRESHOLD LIMITATIONS**

Reimbursement for inpatient professional services requires a distinction between specialty mental health services provided in a mental health unit of a psychiatric or general acute care hospital, or other psychiatric facility, and specialty mental health services provided in a general medical/surgical hospital unit.

Specialty mental health inpatient professional services delivered in a mental health unit of a psychiatric or general acute care hospital require a TAR in order for the psychiatrist or psychologist to receive reimbursement for the services. However, for specialty mental health inpatient professional services delivered in a general medical/surgical hospital unit no TAR is required.

In order for our data system to distinguish between the two locations, a Place of Service (POS) code must be used to show the distinction.

- Professional services provided in a mental health unit of a psychiatric or general acute care hospital must be indicated by Place of Service (POS) code 21 (Inpatient Hospital) or 51 (Inpatient Psychiatric Facility). Claims for these services **MUST BE ACCOMPANIED BY AN APPROVED TAR NUMBER OBTAINED FROM THE HOSPITAL.**
- Professional services provided in a general medical/surgical unit of a hospital must be indicated by the use of POS code 22 (Outpatient hospital). Claims for these services **DO NOT REQUIRE A TAR FOR SERVICES WHICH ARE INDICATED BY PLACE OF SERVICE CODE 22.**

**SERVICES RENDERED IN POS 21, 22 OR 51 DO NOT COUNT AGAINST THE DEPARTMENT'S THRESHOLD CRITERIA.**